

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049359

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN XXXXXX Breton		c. CITY OR TOWN DeSoto	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R 1, Potosi		d. STREET ADDRESS (If outside, give location) Star Route West	
3. NAME OF DECEASED (Type or print) First GEORGE Middle ALLAN Last FAIRLESS		4. DATE OF DEATH Month Dec. Day 17 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-27-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
13a. FATHER'S NAME Henry T. Fairless		13b. MOTHER'S MAIDEN NAME Julia Rowe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) Yes WWI		17. INFORMANT Address Mrs Andrew Koch DeSoto, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Had Duodenal ulcer for 10 years DUE TO (c) 10 years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Post 10 years and last saw him alive on 12/17/62 Death occurred at 3:24 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ch. F. Presswell (Degree or title)	22b. ADDRESS Box 428 Btari Mo	22c. DATE SIGNED 12/19/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-20-1962	23c. NAME OF CEMETERY OR CREMATORY ST. STEPHENS	23d. LOCATION (City, town, or county) Richwoods, Mo.
24. FUNERAL DIRECTOR Mahn Funeral Home DeSoto, Mo.	25. DATE RECD. BY LOCAL REG. 12/21/62	26. REGISTRAR'S SIGNATURE W. L. K. Smith	

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel J. Mahan

Licensed Embalmer No. 4326

P. O. Address Helot, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.